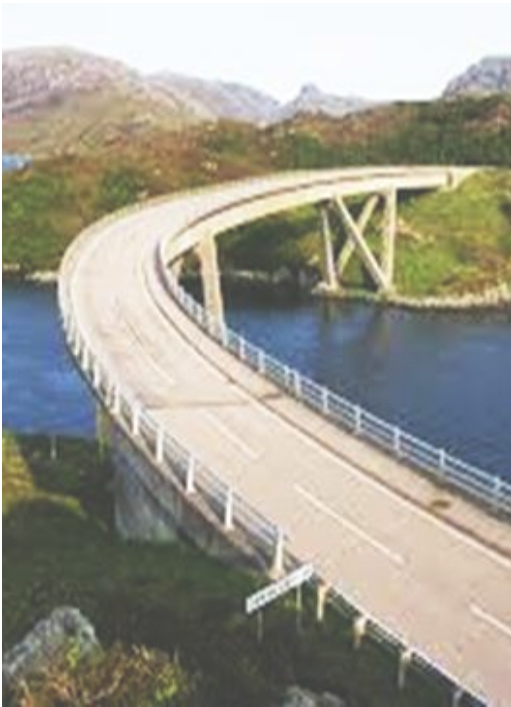


A Long-Term Strategy for Funding Foundational Public Health Services Statewide



A New Vision for Washington State

2015 WSPHA Conference

2014 WSPHA Annual Conference

Presentation Disclosure

No off label, experimental or investigational use of medications are discussed during this presentation.

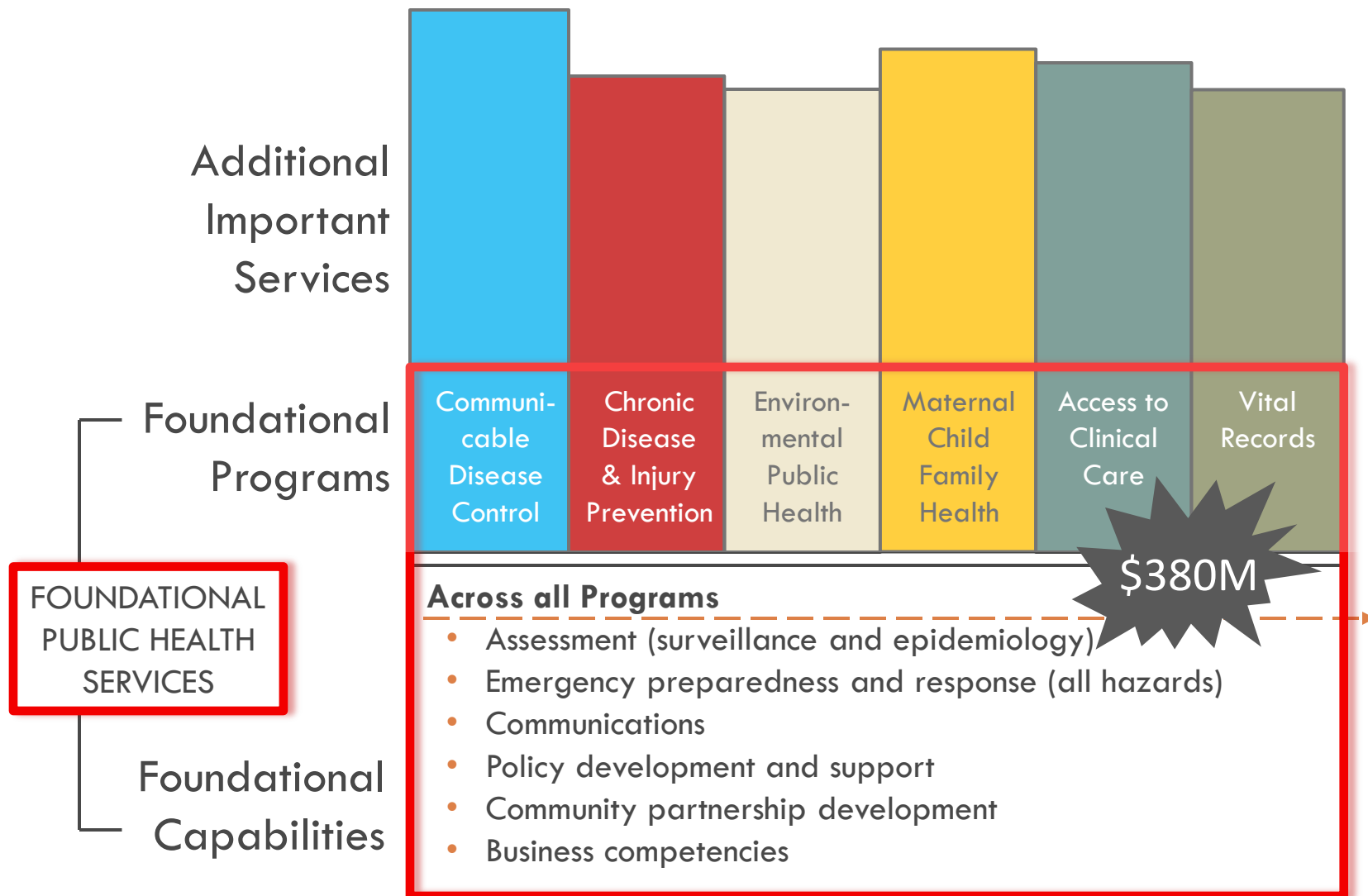
I (we) have no interests of commercial services, products or support that requires disclosure



Like public safety (fire, police), public utilities (power, water), and other public infrastructure (roads, sewers), there is a foundational level of public health services that must exist everywhere for services to work anywhere.

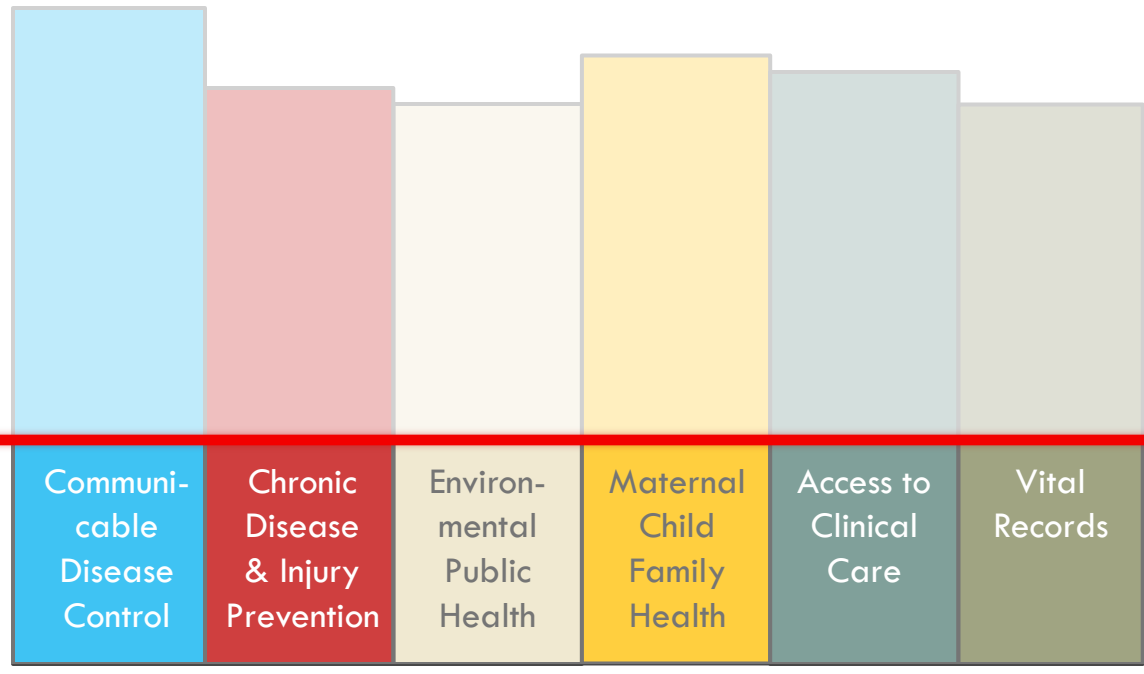
This foundation – the Foundational Public Health Services (FPHS) – is a subset of all public health services.

FPHS includes foundational programs and supporting capabilities that must be available in all communities in Washington.



Foundational Public Health Services

Additional
Important
Services



Foundational
Programs

FOUNDATIONAL
PUBLIC HEALTH
SERVICES

Foundational
Capabilities

Across all Programs

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

Foundational Public Health Services

Additional
Important
Services

Foundational
Programs

Communi-
cable
Disease
Control

Chronic
Disease
& Injury
Prevention

Environ-
mental
Public
Health

Maternal
Child
Family
Health

Access to
Clinical
Care

Vital
Records

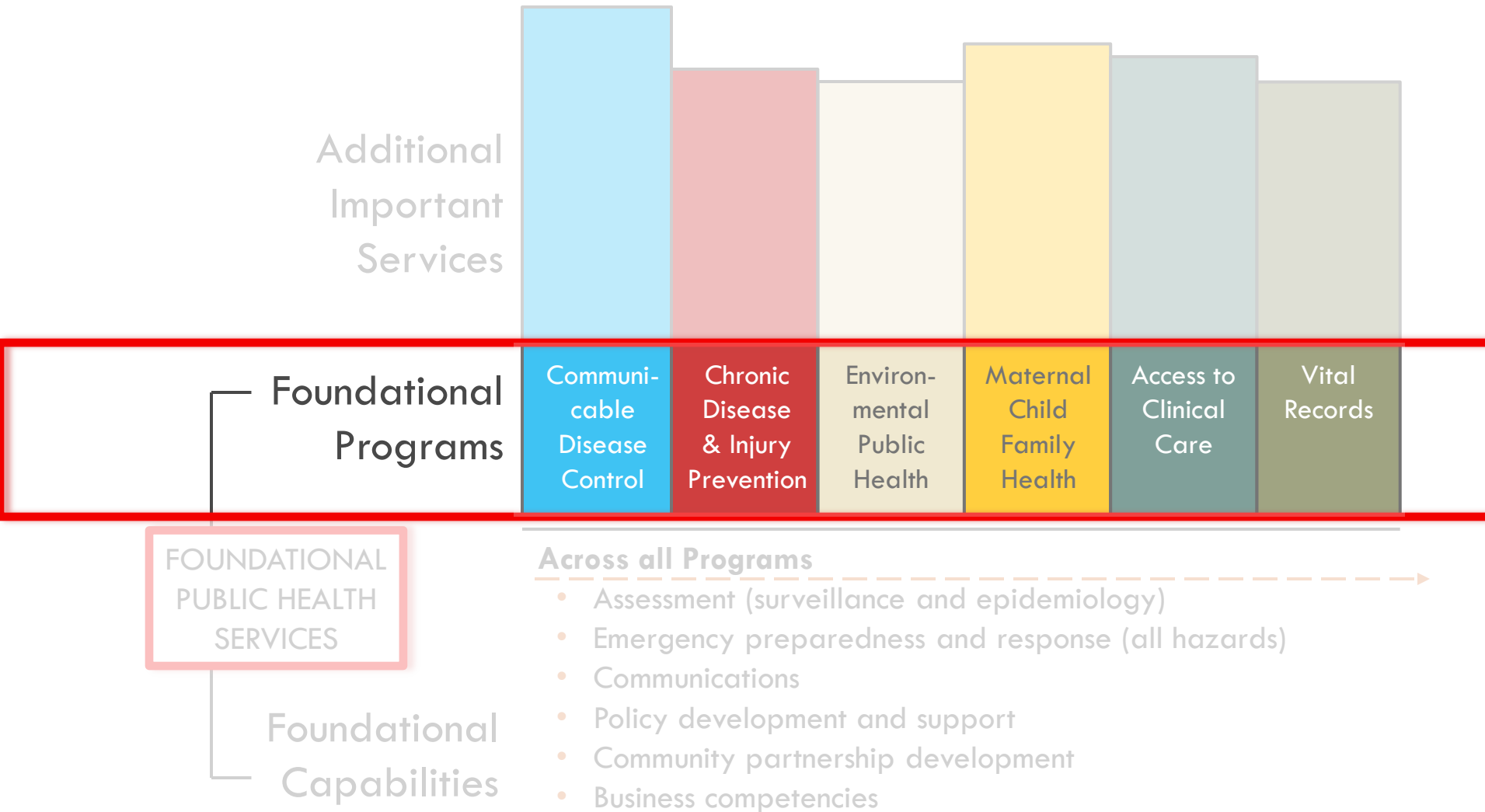
FOUNDATIONAL
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Foundational Public Health Services



Foundational Programs

Basic level of services in each program area

Provide information

Identify assets/partners, develop and implement plans

Coordinate and integrate categorically-funded and other programs

A few specific public health priorities

1. Communicable Disease

Assure partner notification for newly diagnosed cases of syphilis, gonorrhea, HIV, active TB

2. Chronic Disease and Injury Prevention

Reduce rates of tobacco use and increase rates of healthy eating and active living

3. Environmental Public Health

Food, water recreation, drinking water, liquid and solid waste, priority zoonotics, radiation, land use planning

4. Maternal and Child Health

Taking into account the importance of Adverse Childhood Experiences (ACEs) and health disparities

FPHS Decision Matrix

Population-based

To what extent is this a population-based service without individually identifiable beneficiaries?

Mainly provides individual benefits

Partially population based, such as an individual health care service the absence of which would pose a significant community health threat

A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices

Governmental public health

To what extent is governmental public health the only or primary provider of this service?

Never – many other entities provide this service and they are the most appropriate provider

Sometimes

Often – it has to be addressed by governmental public health to be effectively addressed at all

Mandatory

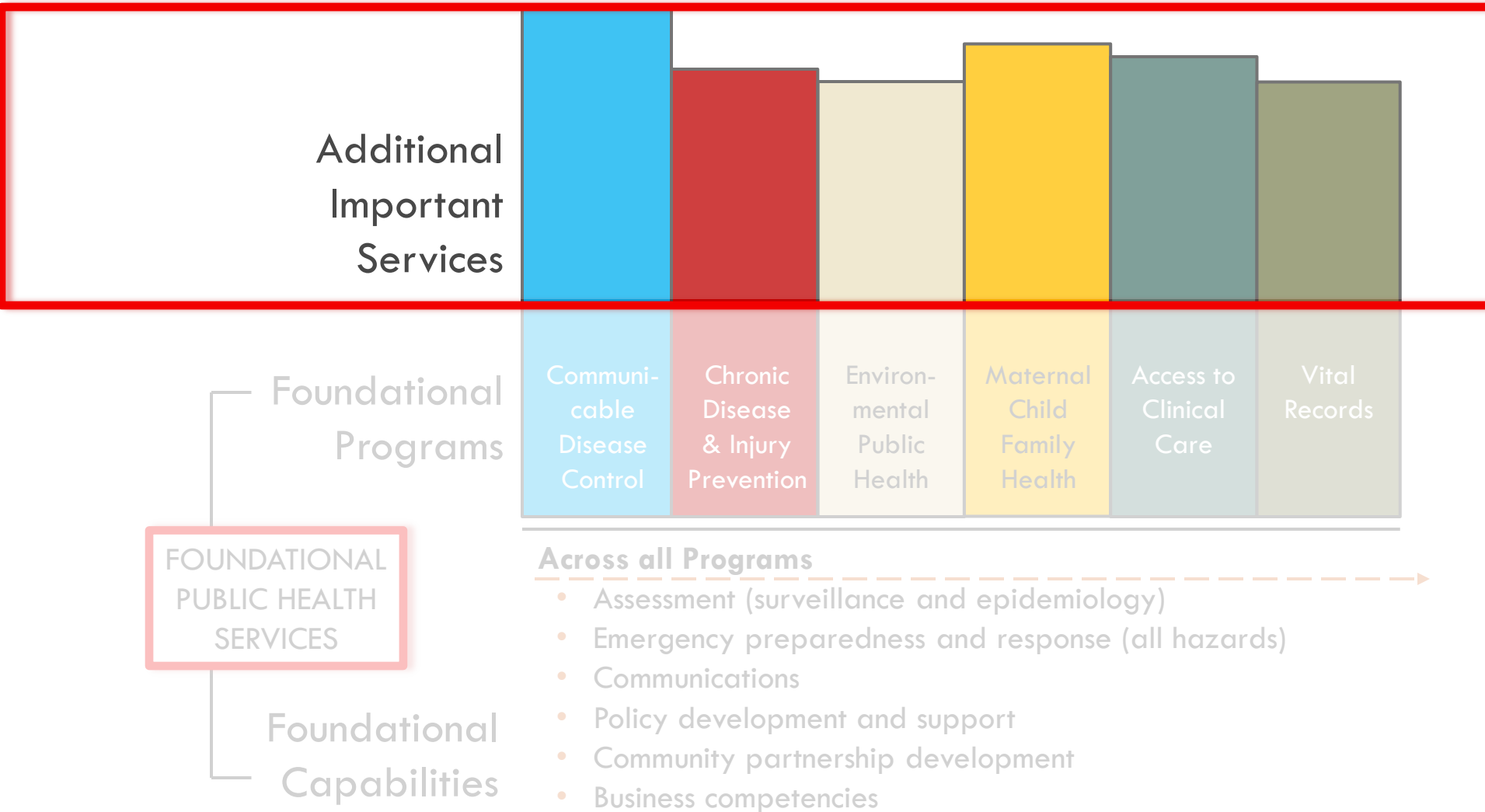
Is it mandated by law or contingent on legal powers granted only to the local health officer/ board of health?

Not mandated

Partially or sometimes

Definitely mandated

Foundational Public Health Services



Examples of FPHS and AIS

Foundational Public Health Services

Governmental public health **promotes immunizations in all communities** to prevent the spread of disease in all communities. This is a Foundational Public Health Service.

Governmental public health **oversees and enforces state on-site septic system regulations** in every jurisdiction because safe waste disposal prevents disease in every community. This is a Foundational Public Health Service.

WIC services are not Foundational Public Health Services.

Governmental public health **provides treatments to individuals with active contagious tuberculosis (TB)**, protecting the community from the spread of TB.

Additional Important Services

Actually giving immunization shots is not a Foundational Public Health Service. In a community with many readily accessible immunization providers, governmental public health may not need to provide this service. In a community without providers, it may be important and valuable for public health to provide this Additional Important Service.

Counties with significant shellfish production are concerned about the contribution of failing septic systems to poor water quality, which can cause development of toxins in shellfish. In one of these counties, **efforts to monitor septic system performance more closely than statewide regulations require** could be very important, just as important as any foundational service. But it is not a Foundational Public Health Service because many counties don't have marine shoreline.

In some communities there are several providers of WIC services other than public health, and there is no need for public health to be a WIC provider. But in other communities, there is no other agency providing this cost-effective, evidence-based prevention service and it is important for public health to do so.

Providing treatment to individuals with active contagious TB is not an Additional Important Service.

FPHS Policy Workgroup Members

Co-Chairs, Policy Workgroup

John Wiesman, Secretary
Washington State Department of Health
Todd Mielke, Commissioner
Spokane, District 1
Marilyn Scott, Whe-Che-Litsa (Vice Chairman)
Upper Skagit Indian Tribe

Elected Officials

Jim Hembery, Mayor
City of Quincy
Obie O'Brien, Commissioner
Kittitas County, District 3
Jim Jeffords, Commissioner
Asotin County, District 3
Patty Lent, Mayor
City of Bremerton
Joe McDermott, Councilmember
King County, Council District 8

Public Health Representatives

Danette York, Administrator
Lewis County Public Health & Social Services
David Windom, Administrator
NE Tri-County Health District
Martha Lanman, Administrator
Columbia County Public Health
Vicki Kirkpatrick, Administrator
Mason County Public Health

Tribal Public Health

Andrew Shogren, Health Director
Quileute Tribe
Barbara Juarez, Director
Northwest Washington Indian Health Board
Victoria Warren-Mears, EPI Center Director
Northwest Portland Area Indian Health Board
Jan Olmstead, Public Health Project Manager
American Indian Health Commission

State Associations

Anne Tan Piazza, President
Washington State Public Health Association
Brad Banks, Managing Director
WA State Association of Local Public Health Officials
Eric Johnson, Executive Director,
Washington State Association of Counties
Ian Corbridge, Clinical Policy Director
Washington State Hospital Association
Judy Huntington, Executive Director
Washington State Nursing Association
Mary Looker, Chief Executive Officer
WA Association of Community & Migrant Health Ctrs
Adrienne Thompson, Co-Chair
Public Health Roundtable
Susie Tracy, Lobbyist
Washington State Medical Association

Co-Chairs, Technical Workgroup

Barry Kling, Administrator
Chelan-Douglas Health District
Jennifer Tebaldi, Assistant Secretary
Disease Control and Health Statistics,
Washington State Department of Health

State Government

Jay Balasbas, Senior Budget Assistant
Office of Financial Management
Richard Pannkuk, Senior Budget Assistant
Office of Financial Management
Robert Crittenden, Sr Health Policy Advisor
Washington State Governor's Office
Scott Lindquist, State CD Epidemiologist
Washington State Department of Health

Department of Health Staff

Karen Jensen, Director
Partnerships, Planning & Performance
Marie Flake, Local Health Liaison
Partnerships, Planning & Performance



Delivering on the Vision

Recommendations

1. **State funding for public health** should ensure the costs of Foundational Public Health Services are covered in every community
2. **Foundational Public Health Services** should be funded with statutorily-directed revenues placed in a dedicated Foundational Public Health Services account
3. **Allocation determinations** should be a collaborative process between state and local stakeholders
4. **A robust accountability structure that aligns with the Foundational Public Health Services framework** should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment
5. **Tribal public health**, with support from the Department of Health (DOH), should convene a process to define how the Foundational Public Health Services funding and delivery framework will apply to tribal public health, and how tribal public health, the Department of Health, and local health jurisdictions can work together to serve all people in Washington.
6. **Local spending on Additional Important Services** should be incentivized

Source: FPHS Policy Workgroup Report Presentation (January 2015)

FPHS Phase 3

FPHS Tribal Project

Tribally lead process may include:

- **Reviewing the definitions of FPHS** with the tribes and amend as needed for tribes
- **Identifying if and how these services are currently provided** for tribes
- **Identifying the current expenditures and funding sources for FPHS** that are provided for tribes
- **Estimating the cost and funding gaps for providing FPHS** for tribes and incorporate them into the FPHS cost model

Delivering on the Vision

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Call to Action

Legislative Action:

- Adopt the FPHS framework and definitions and incorporate it into statute and establish a dedicated account for FPHS, begin to statutorily dedicate funding to it and then fully fund it.

LHJs & DOH Action:

- DOH and WSALPHO will collaboratively develop an allocation model and accountability structure that aligns with the FPHS framework and identify services that should be using a shared delivery system.

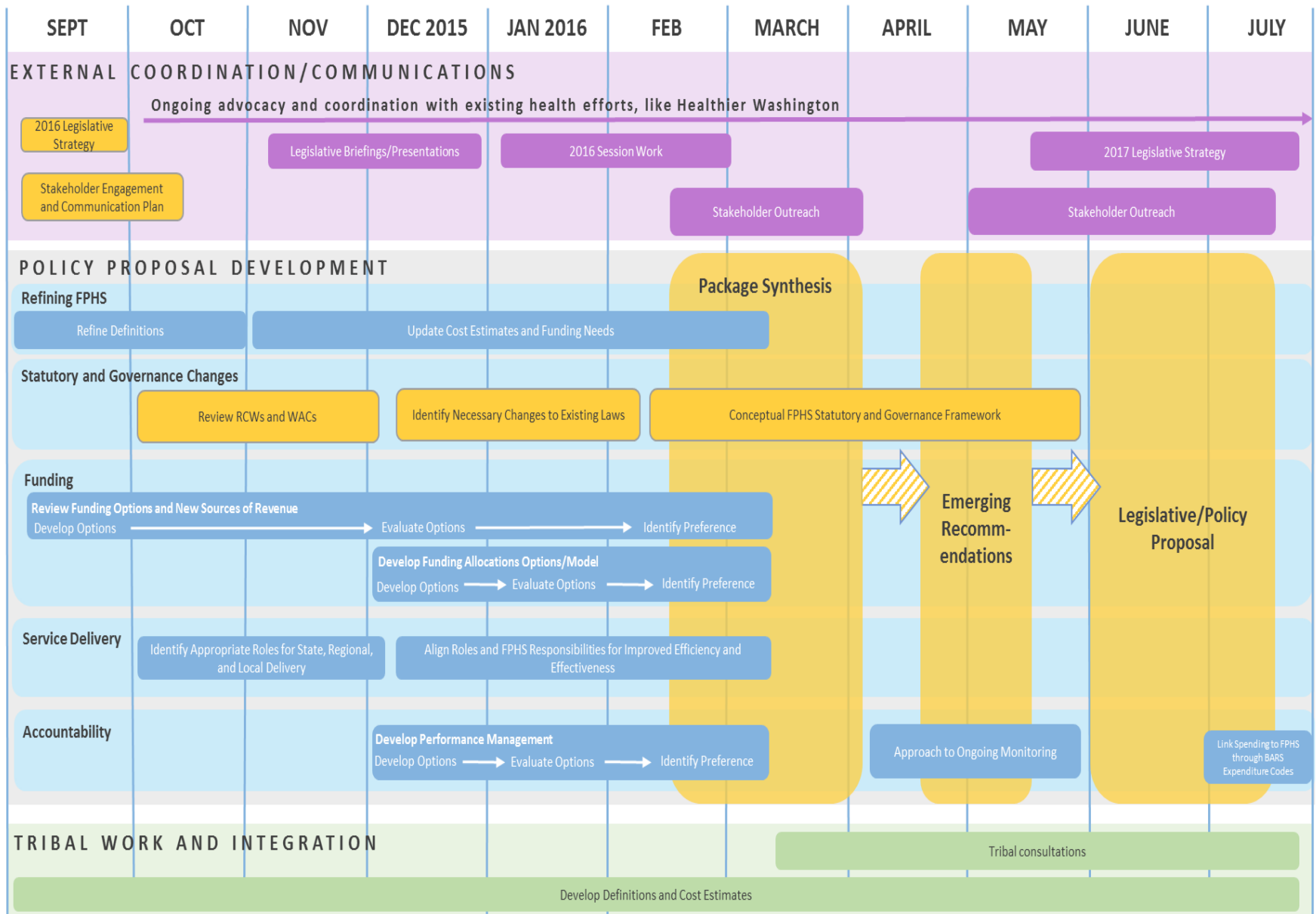
Tribes, DOH & LHJS Action:

- Tribal public health with support from DOH should review FPHS definitions; gather and analyze current spending; and develop an estimate for future costs for delivery of these services and work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.

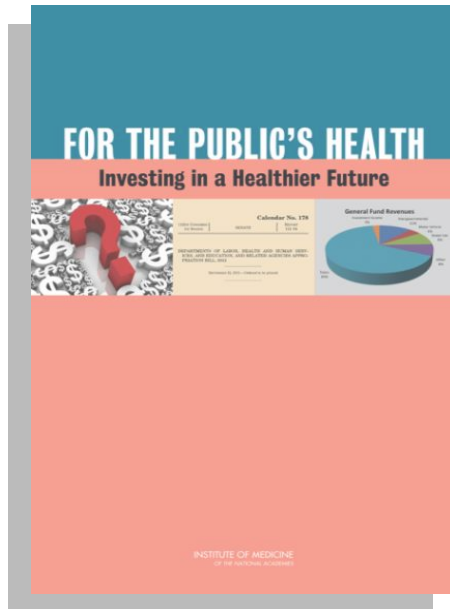
Policy Workgroup Action:

- Members and their organizations should educate their constituents, communities, and local and state policy makers about FPHS .

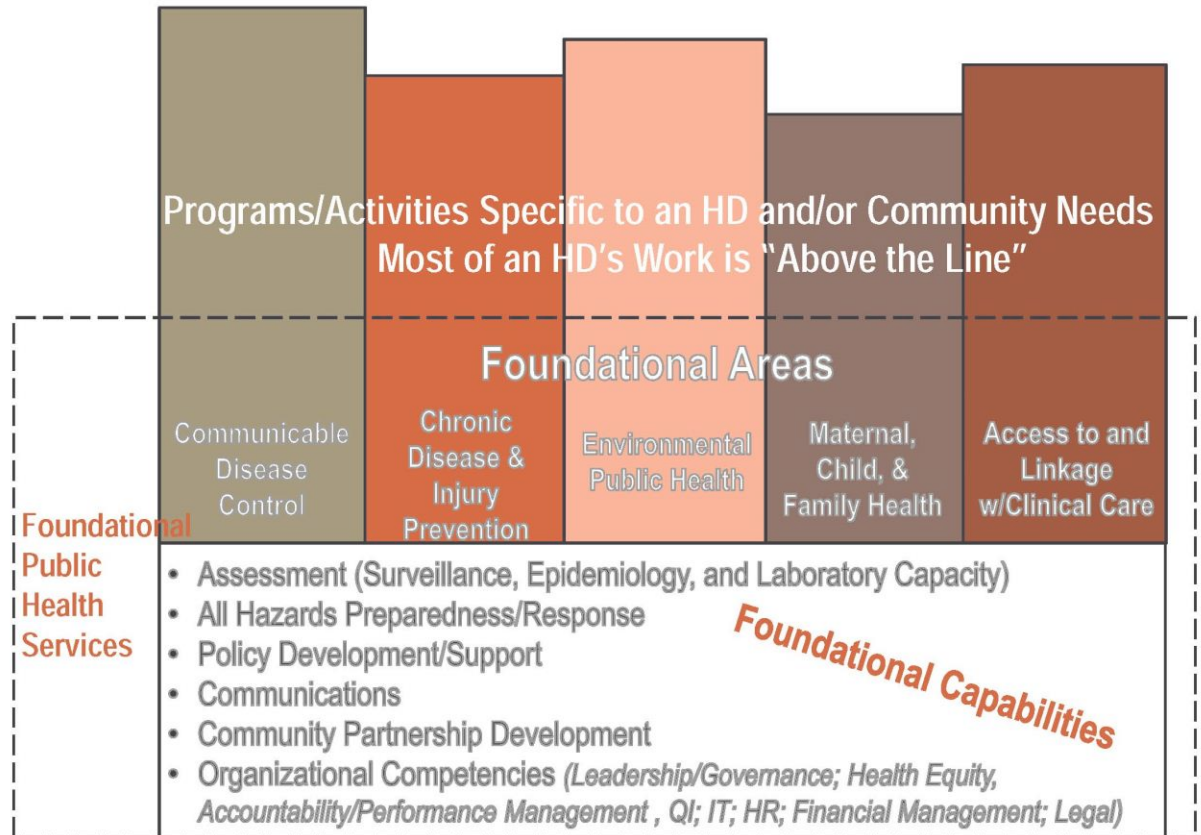
Phase 3 Work Plan

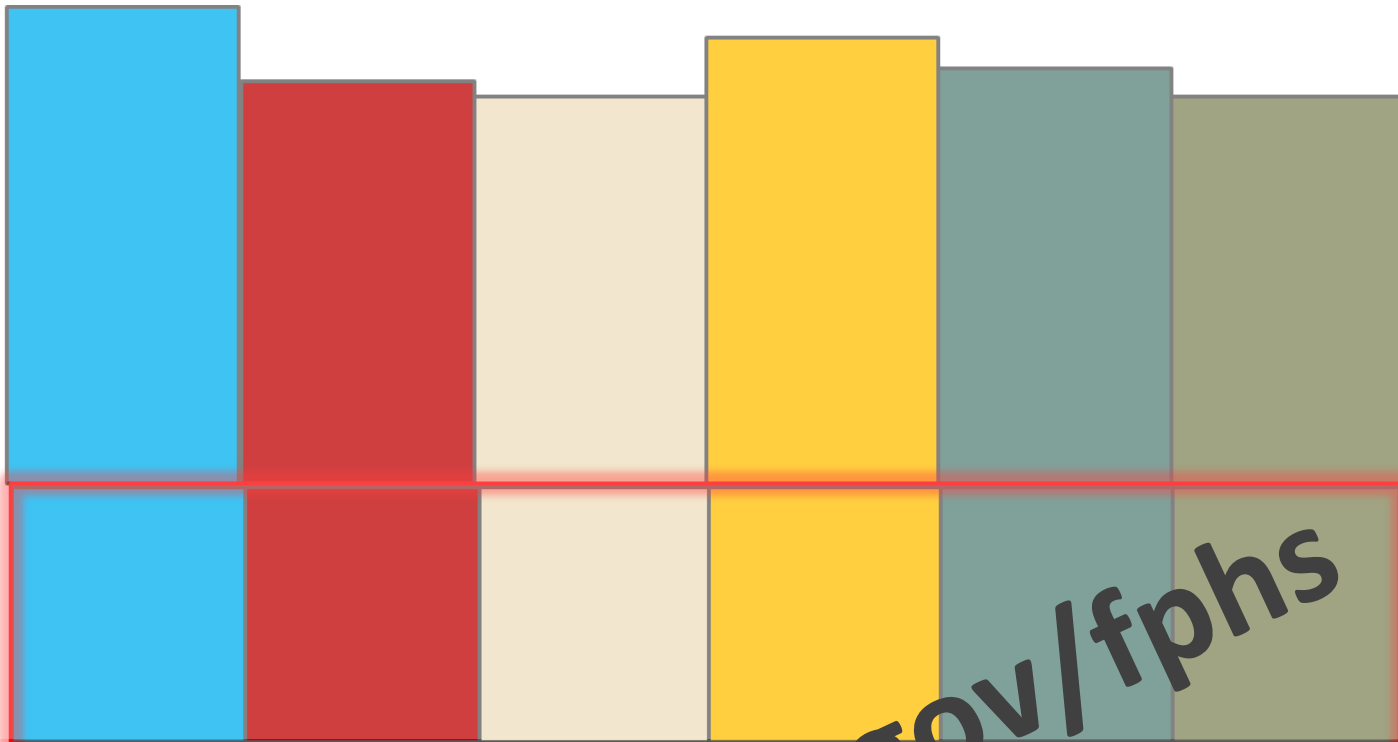


FPHS – Other State and National Efforts



RESOLVE





Across all Programs

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
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- Business competencies